

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

X

In Re:

Chapter 7

Case No. 1-17-42059 (2)

PHYLLIS FRANCIS DAVID

Debtor(s)

X

LOSS MITIGATION REQUEST - BY DEBTOR

I am a Debtor in this case. I hereby request to enter into the Loss Mitigation Program with respect to *[Identify the property, loan and creditor(s) for which you are requesting loss mitigation]*:

34-54 70th STREET, JACKSON HEIGHTS
0981 NY-11372
[Identify the Property]

CALIBER HOME LOANS P. O BOX 24610
OKLAHOMA CITY, OK-73124
[Last 4 Digits of Loan Number]
[Creditor's Name and Address]

SIGNATURE

I understand that if the Court orders loss mitigation in this case, I will be expected to comply with the Loss Mitigation Procedures. I agree to comply with the Loss Mitigation Procedures, and I will participate in the Loss Mitigation Program in good faith. I understand that loss mitigation is voluntary for all parties, and that I am not required to enter into any agreement or settlement with any other party as part of entry into the Loss Mitigation Program. I also understand that no other party is required to enter into any agreement or settlement with me. I understand that **I am not required to request dismissal of this case as part of any resolution or settlement that is offered or agreed to during the Loss Mitigation Period.**

Sign: Phyllis Francis Date: JULY 26, 2017

Print Name: PHYLLIS FRANCIS DAVID

[First and Last Name]

Telephone Number: 347 744 3611
[I.e. 999-999-9999]

E-mail Address [if any]: OSPHYLLISALEENAC@GMAIL.COM

CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF
NEW YORK

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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORKIn re: Phyllis F. David xCase No. 1-17-42059Chapter 7

Debtor(s)

xCERTIFICATE OF SERVICE

The undersigned debtor certifies that on JULY 27, 2017 a copy of the annexed papers was served by depositing same, enclosed in a properly addressed postage-paid envelope, in a official depository under the exclusive care and custody of the United States Postal Service within the State of New York. Upon (specify name and mailing address of each party served):

Rosicki, Rosicki & Associates PC
51 EAST BETHPAGE ROAD
PLAINVIEW, NY 11803

Dated: July 27, 2017
Debtor(s) (signature)